



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

MPA/173564

PRELIMINARY RECITALS

Pursuant to a petition filed April 06, 2016, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Division of Health Care Access and Accountability in regard to Medical Assistance (MA), a telephone hearing was held on May 05, 2016.

The issue for determination is whether the respondent correctly denied a prior authorization for a root canal on tooth #30.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

I

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703

By: [REDACTED] DDS

Division of Health Care Access and Accountability
1 West Wilson Street, Room 272
P.O. Box 309
Madison, WI 53707-0309

ADMINISTRATIVE LAW JUDGE:

Peter McCombs
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Oneida County.
2. On or about February 3, 2016, petitioner submitted a request for a root canal on tooth 30, a molar.

3. The respondent denied the petitioner's request for a root canal on February 24, 2016, stating that at least 50% of the clinical crown was not intact on tooth #30.
4. Respondent's dental consultant reviewed the prior authorization denial and opined in an April 18, 2016, letter that less than 50% of the clinical crown remained intact for Tooth 30.

DISCUSSION

The petitioner appeals the denial of her prior authorization request for a root canal on tooth 30, a molar. A root canal removes infected pulpal tissue from the tooth and replaces it with a filling to prevent the loss of the tooth. Root canals are reimbursed if they meet the criteria found in the *Online Forward Health Provider's Handbook*, Topic 2881. The Division determined that the petitioner's tooth failed to meet the following approval criteria:

- Evidence visible on radiographs that at least 50 percent of the clinical crown is intact.

The purpose of the criteria is to ensure that the root canal is medically necessary rather than just cosmetic.

The petitioner testified at hearing, but did not present any testimony or documentation from her dentist addressing the clinical crown percentage. Without any rebuttal of the respondent's specific concern and basis for denial, it is impossible to find that the petitioner has established that the denial was in error. If petitioner's provider is able to establish that more than 50 percent of the clinical crown is intact, I suggest that petitioner submit a new prior authorization requesting the root canal. At this time, however, I cannot find that the respondent has erred in its determination that the current root canal request does not meet approval criteria.

CONCLUSIONS OF LAW

The petitioner has failed to establish that the requested root canal is medically necessary.

THEREFORE, it is

ORDERED

That petitioner's appeal is hereby dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as “PARTIES IN INTEREST” **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison,
Wisconsin, this 28th day of June, 2016

\sPeter McCombs
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

Brian Hayes, Administrator
Suite 201
5005 University Avenue
Madison, WI 53705-5400

Telephone: (608) 266-3096
FAX: (608) 264-9885
email: DHAmail@wisconsin.gov
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on June 28, 2016.

Division of Health Care Access and Accountability